



**Office of Health Equity Advisory Committee Meeting
Public Comments
September 30, 2014**



Motion: September 30, 2014, Agenda

Public Comment – Section 1.

(No public comment)

Motion: May 12 and 13, 2014, Meeting Minutes

Public Comment – Section 2.

(No public comment)

Motion: Bylaws Consideration

Public Comment – Section 3.

(No public comment)

Motion: Staggered Membership Terms - Preparation for Phasing Membership *Public Comment – Section 4.*

(No public comment)

10:00 a.m. OHE Updates

Public Comment – Section 5.

DALILA BUTLER

This is Dalila Butler with PolicyLink. And I just wanted to say I was really encouraged to hear about the funding opportunities and the flexibility around the agencies, the organization that could be funded. I think particularly because of the five, based on the ethnic focus groups that were mentioned, a lot of our work around boys and men of color has shown that especially programs that focus on healing trauma and addressing chronic adverse conditions has really been an area of exploration, further exploration. And there are a lot of groups like Youth Alive or National Compadres Network that has really started to address those things that might not have been seen as traditional mental health programs before so I'm really encouraged by the funding and just wanted to congratulate you all for the work you have done so far. Thank you.

RICARDO MONCRIEF:

Okay, thank you. We are a small community up in Marin County. Jahmal has visited us.

And we are doing some really advanced work on infrastructure building. You know, particularly -- it happens that it has the government, a federally qualified health center, community and schools activities, a multi-disciplinary team all within walking distance of each other.

And we are setting ourselves up to be driven by a concept that came out of Stanford called Collective Impact, which allows us, you know, to coordinate all these particular entities so get to the point of using -- this process by, you know, good, innovative and best practice mental health practices and whatnot.

I am just concerned that being a small community, we want to be factored into being, you know, a pilot program because we can get a lot of things done being small. But how does that impact your larger or how do we integrate some of the stuff into your larger communities that, you know, that can have a much



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more advanced lobbying force and they can get things done more directly than smaller communities. I just want to be able to be considered into that, into that mix.

10:40 a.m. Health in All Policies (HiAP) Task Force Update
Public Comment – Section 6.

LILYANE GLAMBEN

Hi, this is Lilyane Glamben. I was wondering if there are any updates about the anticipated participation by the CDCR and the committee to the task force?

DOMENICA GIOVANNINI

This is Domenica from the Marin City Community Services District, Domenica Giovannini.

I just -- this was already touched on a little bit with the evaluation conversations on the impact. But especially with regard to the healthy food access, I feel like this work has been going on for most of my life. Which I can admit is not very long but it has been going on for a long time.

I mean, I talked about it in my public health training and in my undergrad. And so I hope -- I just want to reiterate, you know, not only the Health in All Policies Task Force but its related parties, that you really assess where your greatest impact is and the work that has already been done for the last, you know, 25 years. And most recently I think there's a lot of progress with, you know, the statewide Safe Street Program, the Heal Cities program, which is national. So that is my one recommendation.

RICARDO MONCRIEF

Greetings again. One comment on your upstream evaluation. The one thing -- I'm glad that you have my colleague there, Domenica.

One thing that I am a part of, a Board of Directors for a FQHC. In our community we have the largest public housing sector. And one thing about FQHCs, they keep numbers. And the public housing sector is located along the only corridor, highway, you know, in Marin County, north and south. And being located there they have a higher incidence of respiratory diseases or asthma and et cetera.

And my suggestion is, you know, and I think Jahmal mentioned it, about the presence of FQHCs is to use their -- their numbers, their baseline data, you know, to measure, you know, the impact of any other policies or the change in status through treatment of people exposed to respiratory ailments and things like that. I am only saying that to say that FQHCs are a valuable source of baseline data.

Also one other comment. I am hoping that there has been an interface with the Association of Bay Area Governments around transportation and housing. Having attended some of their meetings, they were very, very shy on environmental health impacts. And I'm glad that was brought up because the gist of their conversations were around, you know, transportation hubs, et cetera, et cetera, and how it impacts on



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housing but very little about the integration of -- the significance of environmental health. So I'm glad that was, you know, put into the picture.

Thank you, that's all I have right now.

ROBERT LIPTON

Hi. I'm one of the people at OHE right now. I wanted to reiterate how important issues around violence in communities really is. It's such a -- HiAP and the orientation and the fact that Jahmal is, you know, starting to really emphasize this. It is very important because it is not sort of some extra thing. The differential in the daily experience of violence across the age spectrum in different kinds of communities is an extremely important issue, both from a mental and physical point of view. It needs to be embedded in a kind of almost naturalistic way in our approaches. It has such a huge effect. It's kind of a zero-one thing. In communities that don't have high degrees of violence it doesn't -- the level of -- that issue becomes far less important. In communities with high degrees of violence it is an absolutely important thing that permeates through all aspects of one's life. And I am very -- I am very -- I don't know if the word is "excited." I am very committed to working on these kinds of issues and helping those -- you know, to helping integrate those things in all manner of work we're doing.

11:00 a.m. California Department of Health Care Services (DHCS) Update

Public Comment – Section 7.

(No public comment)

11:20 a.m. Future Direction of the OHE Advisory Committee

Public Comment – Section 8.

RICARDO MONCRIEF

Yeah. I would have a big concern that, being a small community again, I reiterate that we are able to move a little bit faster and we are able to develop, you know, innovative tools that we hope will change the paradigm, you know. We have infrastructure tools, mental health, monitoring and tracking, we have communications, the lady sitting across from you has some good ideas and marketing nonprofits.

And we would like to know, you know, how community engagement works a little bit more, you know, and we'd like to share, you know, the ways that we are using to map out health determinants. So, you know, community engagement, who do we contact? I know Jahmal has been down to the community one time but we feel the necessity to bring him back again along about 2015, hopefully in January. So how would that work?

11:50 a.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda

Public Comment – Section 9.

(No public comment)